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PTC/SB/22 (12-04) Approved for use through 7/31/2009. OMB 0651-0031 ademark Office; U.S. DEPARTMENT OF COMMERCE

Fees pursuant to the Consellidated Appropriations Act, 2005 (HR. 4918).		FY 2005	37 CFR 1.136(a)	Docket Number (O;		
THERAPEUTIC AGENTS AND METHODS OF USE THEREOF FOR THE MODULATION OF ANGIOGENESIS Unit 1654 Examiner J. E. Russel s is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above mitified application. Trequested extension and fee are as follows (check time period desired and enter the appropriate fee below, requested extension and fee are as follows (check time period desired and enter the appropriate fee below, requested extension and fee are as follows (check time period desired and enter the appropriate fee below, requested extension and fee are as follows (check time period desired and enter the appropriate fee below, requested extension and fee are as follows (check time period desired and enter the appropriate fee below, requested extension and fee are as follows (check time period desired and enter the appropriate fee below, requested extension and fee are as follows (check time period desired and enter the appropriate fee below, requested as feel and enter the appropriate feel and enter the applicant (representation) and the second of the enter interest. See 37 CFR 3.71. A check in the amount of the fee is enclosed. Perment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, Deposit Account Number 12-0080 I have enclosed duplicate copy of this sheet. I am the applicant/inventor. assignes of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 1.34. Regignature of record of the entire interest. See 37 CFR 3.71. November 29, 2005 Signature Maria Laccotine Zacharakis, Ph.D., J.D. Total of 1 forms are submitted. Total of 1 forms are submitted.	eas pursuant to the Conso		PPI-106CP2			
Unit 1854 Examiner J. E. Russel I is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above mittiled application. To requested extension and fee are as follows (check time period desired and enter the appropriate fee below. Fee Small Entity Fee X One month (37 CFR 1.17(a)(1)) \$120 \$60 \$ 60.00 Two months (37 CFR 1.17(a)(2)) \$450 \$225 \$ Three months (37 CFR 1.17(a)(3)) \$1020 \$510 \$ Four months (37 CFR 1.17(a)(4)) \$1590 \$795 \$ Four months (37 CFR 1.17(a)(5)) \$2180 \$1080 \$ X Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, Deposit Account Number 12-0080 I have enclosed a duplicate copy of this sheat. I am the applicant/inventor. assignes of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Typed or printed name NOTE: Signature All the invertors or assigness of record. Registration Number 56,268 Attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Registration number in section in the sold in interest or their representation(s) are required. Submit multiple forms if months one alignature is required, see below. Total of 1 forms are submitted.	plication Number	10/001945-Conf.	#9920	Filed November 1, 2001		
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Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).				pplication Nun		10/001945-Conf. #9920			
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METHOD OF PAYM	ENT (check all ti	nat apply)							
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x Deposit Account	Deposit Account Numb	er. 12-0080 c	eposit Accoun	t Name:	Lahly	ve & Cockfie	ld, LLP		
For the above-ld	entified deposit s	iccount, the D	irector is he	araby authorize	ed to: (check	all that apply)			
X Charge fee	e(s) indicated bei	ow		Charge	a fee(a) indic	ated below, e	xcept for th	e filing fee	
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FEE CALCULATION									
1. BASIC FILING, SEAF	RCH, AND EXAM	INATION FE							
		3 FEES	SEAR	CH FEES	EXAMINA	TION FEES Small Entity			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	9mail Entity Fee (8)	Fee (S)	Fee (S)	Fees P	ald (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	<u>:</u> 0			
2. EXCESS CLAIM FEE	9							mail Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (inc	luding Reissues)	5 • • • • • • • • • • • • • • • • • • •					50 200	25 100	
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3. APPLICATION SIZE If the specification and	FEE Languinas avans	d 100 chaste	of saner /es	roludina electr	onicelly file	d sequence of	computer		
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	.accotripe Zachara	Me Dh D I D		3		Date	November	29, 2005	
Nama (Print/Type) Maria L		KIS, FII.D., J.D.							
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Dated: November 29, 2			60/Mexandi	1a, VA 22373-1 1 1 1 1 1 1		ırla Laccolripe			